

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155570		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/28/2011	
NAME OF PROVIDER OR SUPPLIER  PLEASANT VIEW LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN46055			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 25, 26, 27, and 28, 2011</p> <p>Facility number: 000477 Provider number: 155570 AIM number: 100290860</p> <p>Survey team: Barbara Gray RN TC Sharon Lasher RN (July 25 and 26, 2011) Leslie Parrett (July 26, 27, and 28, 2011) Cheryl Fielden RN</p> <p>Census bed type: SNF/NF: 37 Total: 37</p> <p>Census payor type: Medicare: 1 Medicaid: 32 Other: 4 Total: 37</p> <p>Sample: 10</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>August 15, 2011 Kim Rhoades, Director Long Term Care</p> <p>Dear Kim Rhoades, Please accept our Plan of Correction as our creditable allegation of compliance. If you have any questions please feel free to call me at 317-335-2159.</p> <p>Sincerely, Colleen McCreary-Warnick Administrator Pleasant View Lodge</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0328 SS=D	<p>Quality review completed 8/1/11 Cathy Emswiller RN The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to follow their policy and procedure for g-tube (gastric (stomach) tube) feeding in that gloves were not worn, placement and residual were not checked for one of two observations of gastric tube feedings in a sample of 10.. (Resident #4)</p> <p>Findings include:</p> <p>During observation on 7/25/11 at 1:15 p.m. LPN #1 provided a bolus gastric tube feeding to resident #4. LPN #1 did not wear gloves, verify placement of the gastric tube (inject air while listening for the gastric gurgle), or check for residual (use a syringe and insert the syringe in the g-tube and pull back to check for stomach contents).</p> <p>Review of the record of Resident #4 on</p>			F0328	<p><u>F328</u>Resident #4 was admitted on 10/21/2010. The resident has not had any infections related to his g-tube or a diagnosis of aspiration pneumonia since admission.1. Corrective action:We reviewed the policy and procedure on g-tube administration one on one with this L.P.N. We reviewed the use of gloves and checking placement prior to administrating feedings through the g-tube.2. Identification of any other resident:No other residents were affected due to no other residents have a g-tube.3. Measures to prevent reoccurrence:All licensed nurses will be in-serviced on checking placement of a g-tube prior to administration of a feeding and wearing gloves while administering a feeding through the g-tube. Licensed nurses will do a return demonstration by 8/16/2011.4. Continued monitoring:The Director of</p>		08/16/2011

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	<p>7/25/11 at 1:30 p.m. indicated the following.</p> <p>Resident #4's physician order dated 12/3/10 indicated "Boost: 1 can bolus per g-tube twice daily and before meals, flush g-tube with 120 cc (cubic centimeters) water before and after Boost feeding."</p> <p>Interview with LPN #1 on 7/25/11 at 2:15 p.m., indicated she did not listen for placement of the g-tube but once a shift, the g-tube is checked for residual and she did that this morning. She also indicated she does not wear gloves unless the g-tube looks messy.</p> <p>A document provided by the Administrator on 7/26/11 at 9:40 a.m., titled "Gastric Tube Feeding via Syringe (Bolus)" dated 10/10, and indicated by the Administrator as the facility's current policy for gastric tube feeding, indicated the following:</p> <p>Steps in the procedure, wear clean gloves, verify placement of tube by forcefully injecting air into tube while listening with stethoscope to the abdomen for a loud bubbling sound. (Note: if no sound is heard, notify your supervisor immediately.) and check for residual and note amount, if any.</p>				<p>Nursing or their designee will be responsible for monitoring for the use of gloves and checking placement prior to administering a feeding through the g-tube. The Director of Nursing or their designee will monitor four times a week for thirty days. If 100% is achieved they will monitor two times a week for thirty days. If 100% is achieved they will monitor one time a week for thirty days. If 100% is achieved then they will monitor bi-weekly for indefinitely.5. Date of completion: August 16, 2011</p>		

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F0372 SS=F	<p>3.1-47(a)(2)</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>Based on observation and interview, the facility failed to properly maintain the facility grounds, in that a large burn pile containing trash was adjacent to the parking lot for 4 of 4 days, with the potential to affect 9 confused residents wearing wanderguards in the sample of 10.</p> <p>Findings include:</p> <p>On 7/26/2011 trash was observed in a large burn pile adjacent to the parking lot. The trash observed in the large burn pile contained 2 large pizza boxes, a cookie box, metal strips with bolts and washers attached, assorted large cardboard boxes, metal fencing, a large tree stump, and pieces of burnt board.</p> <p>On 7/27/2011 trash was observed in a</p>			F0372	<p>F372The burn pile was located adjacent to the lower parking lot. No residents go into this area at all. The residents stay within the fenced ground unless supervised one on one by a staff member or family member. Visitors must have put some of the debris in the pile due to the facility has a trash dumpster located on the property. These nine confused residents have a wanderguard bracelet on each of them. This prevents them from going outside unsupervised.1. Corrective Action:The burn pile was cleaned up completely on 8/12/2011. The facility will no longer have a burn pile.2. Identification of any other residents:No other residents were affected .3. Measures to prevent reoccurrence:The facility has eliminated the burn pile. A memo to all staff has been developed. An in-service was conducted on 8/11/2011 concerning this plan of</p>		08/12/2011

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	<p>large burn pile adjacent to the parking lot. The trash observed in the large burn pile contained metal strips with bolts and washers attached, assorted large cardboard boxes, metal fencing, a large tree stump, and pieces of burnt board.</p> <p>On 7/28/2011 trash was observed in a large burn pile adjacent to the parking lot. The trash observed in the large burn pile contained 1 pizza box, metal strips, water bottles, assorted large cardboard boxes, a large mail shelf, wood work trim, plastic water bottles, burnt wood, and other miscellaneous items.</p> <p>On 7/27/11 at 2:15 P.M., the Assistant Director of Nursing provided a list of 9 residents who wore wanderguards.</p> <p>The environmental tour was conducted with the Administrator and Housekeeping Supervisor on 7/28/2011 at 11:55 A.M. The outside facility grounds was observed on 7/28/2011 at 12:50 P.M. During an interview at that time the Administrator indicated she had observed the pizza box and a pop can in the pile. The Administrator indicated the burn pile was originally to burn boxes. The Administrator indicated she had raked the scattered items after a previous discussion concerning the burn pile.</p>				<p>correction for the maintenance department.4. Continued monitoring: Maintenance supervisor or or their designee will monitor the area where the burn pile was four times a week for 30 days. If 100% is achieved they will monitor two times a week for 30 days. If 100% is achieved they will monitor for one time a week for 30 days. If 100% is achieved then they will monitor bi-weekly for indefinitely.5. Date of completion: 8/12/2011</p>		

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F0441 SS=D	3.1-21(i)(5)  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  Based on observation, interview and record review, the facility failed to follow			F0441	F441Resident #4 was admitted on 10/21/2010. The resident has		08/16/2011

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	<p>infection control procedures related to failing to wear gloves while administering a g-tube (gastric (stomach) tube feeding for one of two observations of gastric tube feedings in a sample of 10. (Resident #4)</p> <p>Findings include:</p> <p>During observation on 7/25/11 at 1:15 p.m. LPN #1 provided a bolus gastric tube feeding to resident #4. LPN #1 did not wear gloves.</p> <p>Review of the record of Resident #4 on 7/25/11 at 1:30 p.m. indicated the following.</p> <p>Resident #4's physician order dated 12/3/10 indicated "Boost: 1 can bolus per g-tube twice daily and before meals, flush g-tube with 120 cc (cubic centimeters) water before and after Boost feeding."</p> <p>Interview with LPN #1 on 7/25/11 at 2:15 p.m., indicated she does not wear gloves unless the g-tube looks messy.</p> <p>A document provided by the Administrator on 7/26/11 at 9:40 a.m., titled "Gastric Tube Feeding via Syringe (Bolus)" dated 10/10, and indicated by the Administrator as the facility's current policy for gastric tube feeding, contained</p>				<p>not had any infections related to his g-tube or a diagnosis of aspiration pneumonia since admission.1. Corrective Action:We reviewed the policy and procedure on the use of gloves when administering a g-tube feeding with this L.P.N.This L.P.N. performed a return demonstration of the use of gloves while administering a g-tube feeding on 8/13/2011.2. Identification of any other residents:No other residents were affected due to no other residents have a g-tube.3. Measures to prevent reoccurrence:All licensed nurses will be in-serviced by 8/16/2011 on the proper use of gloves while administering a g-tube feeding and provide return demonstration to the Director of Nursing or her designee.4. Continued monitoring:The Director of Nursing or her designee will be responsible for monitoring for the use of gloves while administering a g-tube feeding. The Director of Nursing or her designee will monitor the use of gloves four times a week for thirty days. If 100% is achieved they will monitor two times a week for thirty days. If 100% is achieved they will monitor one time a week for thirty days. If 100% is achieved then they will monitor bi-weekly for indefinitely.5. Corrective date:8/16/2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2011

FORM APPROVED

OMB NO. 0938-0391

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	a procedure to wear clean gloves.  3.1-18(j)						